83410769

MANIFEST DOCUMENT NUMBER

STATE ID NUMBER

State of California-Health and Welfare Agency HAZARDOUS WASTE MANAGEMENT BRANCH 714-744 P Street Sacramento, CA 95814

Please print or type with ELITE type (12 characters per inch).

UNIFORM HAZARDOUS WASTE MANIFEST

P.G.#5838-34462

se print or	ENERATOR NAME AND MAILING ADDRESS	MANIFEST DOCUMENT NUMBER								
1 11	lav Co.			EPA ID NUMBER						
!	3333 RRISTOL ST.			0.4.6.5	0 2	1117	10			
	COSTA MESA, CA. VIRGIL (714) 898-2521 X2676			IGA,XPP		00,017,13				
Δ	REA CODE/PHONE NUMBER (/ 14) 030 2321 725.0		VEH./C	ONTAINER NO.	EPA ID NUMBER					
	RANSPORTER NO 1								3.4	
	12504 F. WHITTIER BLVD.									
	MANSPORTER NO 1 OMEGA CHEMICAL CORP. 12504 E. WHITTIER BLVD. WHITTIER, CA. 90602		00042507			CAD042245001				
1 1	VEL			CONTAINER NO	10,,,,	EPA ID NUMBER				
	TRANSPORTER NO 2/ALTERNATE TSD FACILITY		V.Z.II.							
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						EDA	ID NUI	IL_ MBER		
1 }	TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY					EFA	,5 1101			
	OMEGA CHEMICAL CORP.									
JR-						047040045001				
RAT	AREA CODE/PHONE NUMBER 213/698-0991					CAD042245001				
BY GENERATOR		UN/NA		TOTAL	UNIT	CONTA	INER	WASTE CAT NO	DISP	
5 /	PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	NUMB			WT/VOL	NO.		 	1	
TO BE FILLED IN BY	NOC OPME		891	1000	P	111	D ₁ I	211	01	
	HAZARDOUS WASTE, LIQUID N.O.S -ORM-E (R-11)		47	1-400		₽- ₽	<u> </u>			
FILL	(K-TT)	1 1 1	, ,	1111			<u></u>	111	11	
96		<u> </u>				RANGE		UNI I		
0.	COMPONENTS				UPPER	LOW	ER	%n	PPM	
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	Truchlorototheromethane					+				
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	1. 1. 1.0.0									
	Water						ļ			
					L				L	
	SPECIAL HANDLING INSTRUCTIONS									
	to and labeled and are in									
	This is to certify that the above-named wastes are properly classified, described proper condition for transportation according to the applicable requirements of the	Department	of Transp	ortation and the	EPA. N	10.	DA'	Y	YR	
	proper condition for transportation described in the second secon								84	
	Printed or typed full name and signature	nov)				ν	1 1	<u></u>	لــــــــــــــــــــــــــــــــــــــ	
	Doublif postinuation sheet is used Number of contribution sheets			1	DATE N	10.	DA	Y	YR	
<u></u>	TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES				REC'D			B	C-11	
O II		/	///	AND AG	SEPTED	CP		8	84	
ILLE SPO	Printed or typed full name and signature Transporter 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES	1 6 A	in the		UA15	MO.	DA	Y	YR/	
TO BE FILLED IN BY TRANSPORTER	TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPE STATES				REC'D					
70 £ 37 ∏	Printed or typed full name and signature	·		AC	CEPTED		1		L	
- Ш	DISCREPANCY INDICATION SPACE									
면 주										
TO BE FILLED IN BY TSDF	Facility owner or operator: Certification of receipt of hazardous waste covered to	y this manife	st except	as noted in the		DATE RE		& ACCE		
BE BY	Facility owner or operator: Certification of receipt of hazardous waste covered discrepancy indication space above. Note: TSDF must complete waste number.		EPA ID	NUMBER		MO.	D/	AΥ	YR	
욘목	See instructions.	-		•		1	1	9	841	
	Printer Stype with Hands and Signature STEVE SIMPSON	CA	D0422	245001 <u> </u>		14		144	3-87967	
CO 034 310	Printed of Appendix Harthe and Signature TSDF SENDS THIS COPY	TO DOH	s WIT	HIN 15 DA	142			•	.5-8/96/	
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